

08-23-01

08/22/01  
Jc057 U.S. PTO

NAMED INVENTOR OR APPLICATION IDENTIFIER: **Gregory Linden et al.**  
**MEDICAL DEVICE SYSTEMS IMPLEMENTED NETWORK SYSTEM FOR REMOTE PATIENT MANAGEMENT**

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EL 799 066 300 US, on this 22nd day of August, 2001.

Sue McCoy  
Printed Name \_\_\_\_\_  
Signature *Sue McCoy*

Commissioner for Patents  
BOX PATENT APPLICATION  
Washington, D.C. 20231

Jc057 U.S. PTO  
09/03/01  
08/22/01

Sir:

We are transmitting herewith the attached:

- X **Patent Application Transmittal**  
X **Specification:**  
Total pages: 18 (including claims and abstract: Spec. 11 sheets; Claims 6 sheets; Abstract 1  
X **Drawings:**  
Total sheets: 5  
☐ formal ☒ informal

☒ **Combined Declaration and Power of Attorney: (UNEXECUTED)**

- ☐ newly executed  
☐ copy from prior application  
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b)  
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

X **Accompanying application parts:**

- ☐ Notification of filing a  
☐ Assignment of the Invention to Medtronic, Inc.  
☐ Assignment cover sheet  
☐ Information Disclosure Statement  
☐ PTO Form 1449  
☐ Copies of IDS citations  
☐ Preliminary Amendment  
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.  
X ☐ Return Postcard

**IF A CONTINUING APPLICATION:**

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)  
of prior application No. \_\_\_\_\_ / \_\_\_\_\_  
☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation  
☐ division ☐ continuation in part of application number \_\_\_\_\_, filed \_\_\_\_\_.  
☐ Cancel in this application original claims \_\_\_\_\_ of the prior application before calculating the filing fee.  
(At least the original independent claim must be retained for filing purposes.)  
☐ The prior application is assigned of record to Medtronic, Inc.  
☐ The Power of Attorney in the prior application is to: \_\_\_\_\_

☒ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) 60/227,164, filed August 22, 2000

X Address all future correspondence to: Girma Wolde-Michael, Reg. No. 36,724  
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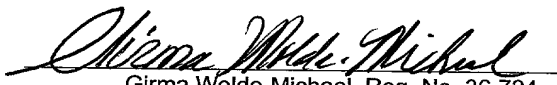
FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	24	20	= 4	x 18	72
Independent Claims	9	3	= 6	x 80	480
Multiple Dependent Claims	0			+ 270	0
Basic Filing Fee					710
TOTAL					1262

Charge Deposit Account No. 13-2546 the sum of \$1262.00 (Filing Fee) for a total of **\$1262.00.**

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

08/22/01

  
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